IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 30, 2007

Joseph Messmer
Mercy Medical Center
1512 12th Avenue Road
Nampa, Idaho 83686

RE: Mercy Medical Center, provider #130013

Dear Mr. Messmer:

This is to advise you of the findings of the Complaint Investigation, which was concluded at your facility on October 3, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction form, CMS-2567, listing Medicare deficiencies. The hospital is under no obligation to provide a plan of correction for Medicare deficiencies. If you do choose to submit a plan of correction, provide it in the spaces provided on the right side of each sheet. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form in the space provided at the bottom of the first page. Whether you choose to provide a plan of correction or not, please sign and date the form and return it to our office by November 12, 2007. Keep a copy for your records. For your information, the Statement of Deficiencies is disclosable to the public under the disclosure of survey information provisions.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw

Enclosures

Mercy Medical Center

November 12, 2007

Bureau of Facility Standards
Attention: Gary Guiles
P.O. Box 83720
Boise, ID 83720-0036

Mr. Guiles,

Enclosed is the Plan of Correction for the findings of the complaint survey at Mercy Medical Center that was conducted on October 3, 2007.

If you have any questions, please do not hesitate to contact me at (208) 463-5889.

Sincerely,

Ryan Lund
Director Performance Improvement

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS The following deficiency was cited during the complaint survey at your hospital. Surveyors conducting the investigation were: Gary Guiles, RN, HFS, Team Leader Rae Jean McPhillips, RN, HFS Patricia O'Hara, RN, HFS Acronyms used in this report include: Dr = doctor ED = Emergency Department Pt = patient RN = Registered Nurse	A 000		
A1104	482.55(a)(3) EMERGENCY SERVICES POLICIES The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff. This STANDARD is not met as evidenced by: Based on observation, staff interview, and review of clinical records and hospital policies, it was determined that the facility failed to ensure policies and procedures governing medical care provided in the emergency department had been established and monitored by the medical staff. The policies did not provide direction to staff for the monitoring of patients. This lack of guidance to staff affected the care of 6 of 28 sampled patients (#s 10, 22, 23, 28, 33, and 36), who presented to the ED for evaluation. The findings include:	A1104		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A1104	Continued From page 1 1. ED policies did not provide direction to staff for the monitoring of patients. Examples include: The policy "PROTOCOL & PROCESS FOR TRIAGE AND PRE-REGISTRATION", dated September 2003, stated "All patients will be seen by the Triage nurse before pre-registration." This did not occur. A tour of the ED was conducted on 10/1/07 at 10:45 AM. Walk-in patients went to a pre-registration area and were pre-registered prior to being brought to the waiting room outside the triage area. The policy "Triage Nurses Responsibilities", not dated, stated "1. The triage nurse will initiate the triage process within 2-5 minutes of the patient's arrival." This did not occur. Triage did not occur for over an hour in some cases, as noted in the examples below. The policy also defined Acuity Categories which called for reassessment of patients at intervals based of acuity levels. These levels included: "Level 1 - resuscitation: continuous care Level 2 - emergent: every 15 minutes Level 3 - urgent: every 30 minutes Level 4 - semi-urgent: every 60 minutes Level 5 - non-urgent: every 120 minutes" Reassessment based on these time frames also did not occur, as noted in the examples below. 2. The lack of direction to staff resulted in the failure of the hospital to triage ED patients in a timely manner and a lack of monitoring of those patients while they waited to be assessed. This affected the care of 6 of 28 sampled patients (#s 10, 22, 23, 28, 33, and 36), who presented to the ED for evaluation. Examples include:	A1104	Cont: o Alcohol Substance Abuse Withdrawal o Management / Assessment o Multidisciplinary Policy o EMTALA Policy o Credentialing and Privileging Bylaws and Rules and Regulations Policy o Credentialing and Privileging Bylaws and Rules and Regulations Policy o Credentialing and Privileging Bylaws and Rules and Regulations Policy o Emtala o Patient / Family Education Multidisciplinary Protocol o Patient Care Policy: Medication Administration/management o Materials Management o Safety Manual: Medical Equipment o Management Program Standard # 8-1 o Medication Management Policy o Pyxis 2000 Protocol o Materials Management Policy o Lab Policy: Chain of Custody Drug Screen Collection Procedure o Analytic Testing Procedures for Specific o Communication of Critical Test results o HIPPA Policy	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A1104	Continued From page 2 * Patient #10 was a 2 year old male who presented to the ED on 7/8/07 at 7:41 PM. His parent stated he had a fever up to 103, and had vomiting and diarrhea. The patient was triaged at 8:25 PM (44 minutes after arrival). His temperature was 101.3. He was asssigned an acuity level of 3. Following triage, he waited in the waiting room to be seen. At 9:35 PM, the triage nurse documented "Pt left without my knowlege and was not allowed to explain Risks and Benefits." The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient. She also stated she did not know why the patient had not been reassessed according to the "Triage Nurses Responsibilities" policy. * Patient #22 was a 17 year old female who presented to the ED on 9/24/07 at 4:46 PM complaining of vomiting and dizziness. She had been in an automobile accident the day before. She was also 7 months pregnant. The record documented she was triaged at 5:15 PM (29 minutes after arrival) but her vital signs were not documented until 5:24 PM. She was admitted to an ED room at 5:27 PM. She was evaluated and treated by a physician. She was discharged to home at 8:53 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient. * Patient #23 was a 1 month old male who presented to the ED on 9/23/07 at 10:20 AM for vomiting "today". The patient was triaged at 10:27 AM and assigned an acuity level of 4. The patient was afebrile and his vital signs were within	A1104	o Emergency Preparedness Policy (350) • Upon review of current policy: "Protocol & Process for Triage and Pre-Registration" we are currently re-evaluating and implementing a revised policy to implement improvements based upon this survey. This will include education and monitoring. Improvements include: o Triage policy and practice is being revised to redirect patient flow directly to triage (ED Director & PI Director) o Streamlining documentation for more timely process flow and productivity (ED Director, IT, PI Director) o Developing a reassessment screen (ED Director, IT) o Developing triage education for assigned triage staff. Education will focus on guidelines and recommendations from the Agency for Healthcare Research and Quality (AHRQ) (ED Director, Clinical Education) o Evaluating "tracker system" to identify methods for improving reassessment times based upon acuity (color changes, blinking, etc) (ED Director, IT) o Monthly audit process being developed to review charts to assess triage and assessment times and review improvement methods based on needs (ED Director, PI Director) o Once all interventions are implemented Mercy Medical Center will continue to evaluate based upon the hospitals Performance Improvement Methodology (PDSA Cycle) (PI Director, ED Director) o Emergency room expansion is anticipated to assist with patient flow	12/17/07 11/19/07-12/17/07 11/19/07-12/17/07 12/17/07-2/28/08 12/17/07 12/1/07-Ongoing Ongoing 7/1/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A1104	Continued From page 3	A1104		

normal limits for his age. The accompanying nursing note stated "CONTENT INFANT. NOT CRYING." The patient and his parent waited in the waiting room until 11:07 AM when they were taken to a room in the ED. A nursing note was documented at 12:53 PM which stated "DID INITIAL EVAL ON BABY WHEN HE CAME TO ROOM AND ADVISED THEM THAT DR WOULD BE IN. WHEN DR WENT TO SEE PT BOTH PT AND FAMILY WAS GONE AND WERE UNABLE TO BE LOCATED." Documentation of the initial evaluation referred to in the above note was not present in the record. An assessement of the patient's condition was not documented for 2 hours and 26 minutes after the patient was triaged. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why the patient was not re-evaluated in a timely manner.

* Patient #28 was a 64 year old female who presented to the ED on 8/27/07 at 2:35 PM complaining of shortness of breath and dizziness. She was not triaged until 3:07 PM (32 minutes after arrival) . The note stated the patient had been sent to the ED by a physician's office. Vital signs were normal at blood pressure 125/84, pulse 79, respirations 12, and oxygen saturation 95% on room air. She denied pain. She was assigned an acuity level of 3. The patient waited in the waiting room until 3:44 PM when she was taken to a room in the ED. At 3:55 PM, the patient stated she felt better and signed herself out of the hospital against medical advice. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient.

* Patient #33 was a 78 year old male who

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A1104	Continued From page 4 presented to the ED on 9/6/07 at 5:06 PM complaining of abdominal pain. He was placed directly in a room in the ED. Vital signs were documented at 5:09 PM. They included blood pressure 141/75, pulse 99, respirations 18, temperature 99.9, and oxygen saturation 94% on room air. No documented assessment accompanied the vital signs. The patient's blood was drawn at 5:20 PM. Triage was documented at 7:20 PM, including a pain assessment at 7:18 PM. The patient was asssigned an acuity level of 3. No nursing assessment was documented between 5:09 PM and 7:18 PM (2 hours and 9 minutes). The physician examined the patient at 6:20 PM. The patient was treated and discharged to home at 10:19 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage and more fully evaluate the patient. * Patient #36 was a 7 month old male who presented to the ED on 9/24/07 at 6:14 PM. His parent stated he would not eat and was crying more. The patient was moved to a room in the ED at 7:24 PM but triage was not documented until 8:05 PM (1 hour and 51 minutes after arrival). No assessment was documented until this time. His vital signs were within normal limits and he did not have a fever. The patient was asssigned an acuity level of 4. The patient was examined and discharged to home at 8:20 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient.	A1104		

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 30, 2007

Joseph Messmer
Mercy Medical Center
1512 12th Avenue Road
Nampa, Idaho 83686

RE: Mercy Medical Center, provider #130013

Dear Mr. Messmer:

This is to advise you of the findings of the State Licensure Complaint Investigation Survey of Mercy Medical Center, which was concluded on October 3, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by November 12, 2007, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw

Enclosures

Mercy Medical Center

November 12, 2007

Bureau of Facility Standards
Attention: Gary Guiles
P.O. Box 83720
Boise, ID 83720-0036

Mr. Guiles,

Enclosed is the Plan of Correction for the findings of the complaint survey at Mercy Medical Center that was conducted on October 3, 2007.

If you have any questions, please do not hesitate to contact me at (208) 463-5889.

Sincerely,

Ryan Lund
Director Performance Improvement

Enclosure

RECEIVED

NOV 14 2007

FACILITY STANDARDS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	16.03.14 Initial Comments The following deficiency was cited during the complaint survey at your hospital. Surveyors conducting the investigation were: Gary Guiles, RN, HFS, Team Leader Ree Jean McPhillips, RN, HFS Patricia O'Hara, RN, HFS Acronyms used in this report include: Dr = doctor ED = Emergency Department Pt = patient RN = Registered Nurse	B 000		
BB297	16.03.14.370.01 Emergency Service, Policies and Procedures 370. EMERGENCY SERVICE. All hospitals who provide emergency medical care in a specific area of the facility shall have an organized plan for emergency care based upon current community needs and the capability of the hospital. (10-14-88) 01. Policies and Procedures. The emergency room of every hospital shall have written policies and procedures. These shall be in conformance with state and local laws. The procedures shall be approved by the hospital administration, medical staff, and nursing service. The policies shall be approved by the governing body. The policies and procedures shall include but are not limited to, the following: (10-14-88) a. Policies and procedures for handling accident victims, rape victims, contagious disease, persons suspected of criminal acts, abused children or adults, emotionally disturbed persons,	BB297	Mercy Medical Center has policies and procedures in place as listed below. Mercy Medical Center will review these policies and take action as necessary. o Provision of Care (342) o Sexual Assault Policy and Procedure o Bloodborne pathogens control plan (290) o TNCC Guidelines o Abuse and Neglect (321) o Information Confidential Public Police Cases (168) o Autopsy (107) o Mental Hold/Protective Custody o Emergency Preparedness System (350) o Bio-Terrorism Readiness Plan (362)	11/17/07 -2/28/08

Director of Performance Improvement 11/12/07

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB297	Continued From page 1 persons under the influence of drugs and/or alcohol, persons contaminated by radioactive materials, and patients dead on arrival; and (10-14-88) b. Medical responsibility shall be delineated regarding emergency care (including levels of care relating to clinical privileges and specialty areas) and shall specify a method to insure staff coverage; and (10-14-88) c. Procedures that can/cannot be performed in the emergency room; and (10-14-88) d. Policies and supporting procedures for referral and/or transfer to another facility; and (10-14-88) e. Policies regarding instructions to be given patients requiring follow-up services; and (10-14-88) f. Policies and supporting procedures for storage of equipment, medication, and supplies; and (10-14-88) g. Policy and supporting procedures for care of emergency equipment; and (10-14-88) h. Instructions for procurement of drugs, equipment, and supplies; and (10-14-88) i. Policy and supporting procedures involving toxicology; and (10-14-88) j. Policy and supporting procedures devised for notification of patient's physician and transmission of reports; and (10-14-88) k. Policy involving instructions relative to disclosure of patient information; and (10-14-88)	BB297	Cont: o Alcohol Substance Abuse Withdrawal o Management / Assessment o Multidisciplinary Policy o EMTALA Policy o Credentialing and Privileging Bylaws and Rules and Regulations Policy o Credentialing and Privileging Bylaws and Rules and Regulations Policy o Credentialing and Privileging Bylaws and Rules and Regulations Policy o Emtala o Patient / Family Education Multidisciplinary Protocol o Patient Care Policy: Medication Administration/management o Materials Management o Safety Manual: Medical Equipment o Management Program Standard # 8-1 o Medication Management Policy o Pyxis 2000 Protocol o Materials Management Policy o Lab Policy: Chain of Custody Drug Screen Collection Procedure o Analytic Testing Procedures for Specific o Communication of Critical Test results o HIPPA Policy	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB297	Continued From page 2 I. A policy for integration of the emergency room into a disaster plan. (10-14-88) This Rule is not met as evidenced by: The emergency room of every hospital shall have written policies and procedures. Based on observation, staff interview, and review of clinical records and hospital policies, it was determined that the facility failed to ensure policies and procedures regarding triaging and monitoring reflected the actual practices of the hospital. This affected the care of 6 of 28 sampled patients (#s 10, 22, 23, 28, 33, and 36), who presented to the ED for evaluation. The findings include: 1. ED policies did not reflect the actual practices of the hospital related to triaging and the monitoring of patients. Examples include: The policy "PROTOCOL & PROCESS FOR TRIAGE AND PRE-REGISTRATION", dated September 2003, stated "All patients will be seen by the Triage nurse before pre-registration." This did not occur. A tour of the ED was conducted on 10/1/07 at 10:45 AM. Walk-in patients went to a pre-registration area and were pre-registered prior to being brought to the waiting room outside the triage area. The policy "Triage Nurses Responsibilities", not dated, stated "1. The triage nurse will initiate the triage process within 2-5 minutes of the patient's arrival." This did not occur. Triage did not occur for over an hour in some cases, as noted in the examples below. The policy also defined Acuity Categories which called for reassessment of patients at intervals based of acuity levels. These	BB297	o Emergency Preparedness Policy (350) • Upon review of current policy: "Protocol & Process for Triage and Pre-Registration" we are currently re-evaluating and implementing a revised policy to implement improvements based upon this survey. This will include education and monitoring. Improvements include: o Triage policy and practice is being revised to redirect patient flow directly to triage (ED Director & PI Director) — 12/17/07 o Streamlining documentation for more timely process flow and productivity (ED Director, IT, PI Director) — 11/19/07-12/17/07 o Developing a reassessment screen (ED Director, IT) — 11/19/07-12/17/07 o Developing triage education for assigned triage staff. Education will focus on guidelines and recommendations from the Agency for Healthcare Research and Quality (AHRQ) (ED Director, Clinical Education) — 12/17/07-2/28/08 o Evaluating "tracker system" to identify methods for improving reassessment times based upon acuity (color changes, blinking, etc) (ED Director, IT) — 12/17/07 o Monthly audit process being developed to review charts to assess triage and assessment times and review improvement methods based on needs (ED Director, PI Director) — 12/1/07-Ongoing o Once all interventions are implemented Mercy Medical Center will continue to evaluate based upon the hospitals Performance Improvement Methodology (PDSA Cycle) (PI Director, ED Director) — Ongoing o Emergency room expansion is anticipated to assist with patient flow — 7/1/08	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB297	Continued From page 3 levels included: "Level 1 - resuscitation: continuous care Level 2 - emergent: every 15 minutes Level 3 - urgent: every 30 minutes Level 4 - semi-urgent: every 60 minutes Level 5 - non-urgent: every 120 minutes" Reassessment based on these time frames also did not occur, as noted in the examples below. 2. The lack of current policies resulted in the failure of the hospital to triage ED patients in a timely manner and a lack of monitoring of those patients while they waited to be assessed. This affected the care of 6 of 28 sampled patients (#s 10, 22, 23, 28, 33, and 36), who presented to the ED for evaluation. Examples include: * Patient #10 was a 2 year old male who presented to the ED on 7/8/07 at 7:41 PM. His parent stated he had a fever up to 103, and had vomiting and diarrhea. The patient was triaged at 8:25 PM (44 minutes after arrival). His temperature was 101.3. He was asssigned an acuity level of 3. Following triage, he waited in the waiting room to be seen. At 9:35 PM, the triage nurse documented "Pt left without my knowlege and was not allowed to explain Risks and Benefits." The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient. She also stated she did not know why the patient had not been reassessed according to the "Triage Nurses Responsibilities" policy. * Patient #22 was a 17 year old female who presented to the ED on 9/24/07 at 4:46 PM complaining of vomiting and dizziness. She had	BB297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB297	Continued From page 4 been in an automobile accident the day before. She was also 7 months pregnant. The record documented she was triaged at 5:15 PM (29 minutes after arrival) but her vital signs were not documented until 5:24 PM. She was admitted to an ED room at 5:27 PM. She was evaluated and treated by a physician. She was discharged to home at 8:53 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient. * Patient #23 was a 1 month old male who presented to the ED on 9/23/07 at 10:20 AM for vomiting "today". The patient was triaged at 10:27 AM and assigned an acuity level of 4. The patient was afebrile and his vital signs were within normal limits for his age. The accompanying nursing note stated "CONTENT INFANT. NOT CRYING." The patient and his parent waited in the waiting room until 11:07 AM when they were taken to a room in the ED. A nursing note was documented at 12:53 PM which stated "DID INITIAL EVAL ON BABY WHEN HE CAME TO ROOM AND ADVISED THEM THAT DR WOULD BE IN. WHEN DR WENT TO SEE PT BOTH PT AND FAMILY WAS GONE AND WERE UNABLE TO BE LOCATED." Documentation of the initial evaluation referred to in the above note was not present in the record. An assessement of the patient's condition was not documented for 2 hours and 26 minutes after the patient was triaged. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why the patient was not re-evaluated in a timely manner. * Patient #28 was a 64 year old female who presented to the ED on 8/27/07 at 2:35 PM complaining of shortness of breath and dizziness.	BB297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
SB297	Continued From page 5 She was not triaged until 3:07 PM (32 minutes after arrival) . The note stated the patient had been sent to the ED by a physician's office. Vital signs were normal at blood pressure 125/84, pulse 79, respirations 12, and oxygen saturation 95% on room air. She denied pain. She was assigned an acuity level of 3. The patient waited in the waiting room until 3:44 PM when she was taken to a room in the ED. At 3:55 PM, the patient stated she felt better and signed herself out of the hospital against medical advice. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient. * Patient #33 was a 78 year old male who presented to the ED on 9/6/07 at 5:06 PM complaining of abdominal pain. He was placed directly in a room in the ED. Vital signs were documented at 5:09 PM. They included blood pressure 141/75, pulse 99, respirations 18, temperature 99.9, and oxygen saturation 94% on room air. No documented assessment accompanied the vital signs. The patient's blood was drawn at 5:20 PM. Triage was documented at 7:20 PM, including a pain assessment at 7:18 PM. The patient was asssigned an acuity level of 3. No nursing assessment was documented between 5:09 PM and 7:18 PM (2 hours and 9 minutes). The physician examined the patient at 6:20 PM. The patient was treated and discharged to home at 10:19 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage and more fully evaluate the patient. * Patient #36 was a 7 month old male who presented to the ED on 9/24/07 at 6:14 PM. His parent stated he would not eat and was crying	SB297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130013	A. BUILDING _____ B. WING _____	C 10/03/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERCY MEDICAL CENTER	1512 TWELFTH AVENUE ROAD NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB297	Continued From page 6 more. The patient was moved to a room in the ED at 7:24 PM but triage was not documented until 8:05 PM (1 hour and 51 minutes after arrival). No assessment was documented until this time. His vital signs were within normal limits and he did not have a fever. The patient was asssigned an acuity level of 4. The patient was examined and discharged to home at 8:20 PM. The Director of the ED, an RN, was interviewed on 10/2/07 at 2:35 PM. She stated she could not explain why it took so long to triage the patient.	BB297		

IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 31, 2007

Joseph Messmer, Administrator
Mercy Medical Center
1512 Twelfth Avenue Road
Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On **October 3, 2007**, a Complaint Investigation was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003173

Allegation: A patient in the ED was not triaged and treated in a timely manner.

Findings: An unannounced visit was made to the hospital on 10/1/07 through 10/3/07. Nursing and Medical Staff were interviewed. Emergency Department (ED) policies and 28 clinical records of ED patients were reviewed. The ED was observed.

Policies related to triage in the ED did not match the practice of the hospital. The policy "PROTOCOL & PROCESS FOR TRIAGE AND PRE-REGISTRATION", dated September 2003, stated "All patients will be seen by the Triage nurse before pre-registration." This did not occur. A tour of the ED was conducted on 10/1/07 at 10:45 AM. Walk-in patients went to a pre-registration area and were pre-registered prior to being brought to the waiting room outside the triage area.

The policy "Triage Nurses Responsibilities", not dated, stated "1. The triage nurse will initiate the triage process within 2-5 minutes of the patient's arrival." This did not occur. Triage did not occur for over an hour in some cases.

The policy also defined Acuity Categories which called for reassessment of patients at intervals based of acuity levels. These levels included:

Level 1 - resuscitation: continuous care
Level 2 - emergent: every 15 minutes
Level 3 - urgent: every 30 minutes
Level 4 - semi-urgent: every 60 minutes
Level 5 - non-urgent: every 120 minutes"

The hospital did not document reassessment based on these time frames. A deficiency was cited at 42 CFR 482.55(a,3) for the failure of the hospital to implement policies related to triage and monitoring of ED patients.

Some patients had to wait lengthy intervals to be seen by a practitioner. Unfortunately, long wait times are common in EDs around the state and around the country. Regulations do not specify time frames for patients to be seen.

At the time of the survey, the hospital was currently under construction to expand the ED. In addition, the hospital had hired more physicians in an attempt to decrease wait times.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 31, 2007

Joseph Messmer, Administrator
Mercy Medical Center
1512 Twelfth Avenue Road
Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On **October 3, 2007**, a Complaint Investigation was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003203

Allegation #1: A nurse removed a back brace from a patient without consulting the physician.

Findings: An unannounced visit was made to the hospital on 10/1/07 through 10/3/07. Nursing and Medical Staff were interviewed. Emergency Department (ED) policies and 28 clinical records of ED patients were reviewed. The ED was observed.

Three sampled ED records documented patients who arrived on backboards. All 3 records documented patients were taken off of the backboard following approval by the physician. Two Registered Nurses (RNs) stated, on the afternoon of 10/2/07, that removing patients from backboards was a complex process that required at least 3 staff. The staff stated this was never done without the physician's approval. One patient record documented a 16 year old male who arrived at the ED via ambulance with a backboard in place, following an MVA. Documentation showed the backboard was removed by staff per the order of the attending physician. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: The hospital did not repond to patients' grievances.

Findings: The hospital had a formal process in place to accept, investigate, and respond to grievances. In addition, the hospital had a full time Patient Advocate who assisted patients and their family's with concerns. A log was kept to track grievances. The Patient Advocate was interviewed on 10/2/07 at 10:45 AM. The Patient Advocate discussed one case involving a minor and a motor vehicle accident. The parent met extensively in person and/or by telephone with the hospital's Medical Director, the physician Director of the ED, the attending physician, and the nurse Director of the ED. The hospital had expended significant resources to respond to this parent. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: A patient did not receive appropriate treatment in the ED.

Findings: Clinical records of 19 ED patients who received medical screening examinations and treatment were reviewed for care and treatment purposes. The remaining 9 patient records were reviewed for other purposes. All 19 records documented examination by a physician and evaluation of patients through laboratory, radiological, and/or other testing. For example, one record documented the care of a 16 year old male brought to the ED on 7/26/07 at 3:38 PM following a motor vehicle accident. He was triaged on arrival. He was examined by a physician. He had radiologic examinations of his cervical, thoracic, and lumbar spine. He had radiologic examinations of his ribs and shoulder. These were all negative. He was prescribed Ibuprofen and Flexeril for discomfort. He was discharged ambulatory to home at 6:15 PM. The physician documented the patient was stable at discharge.

Federal and state regulations require that patients are examined by appropriately qualified personnel who then make medical judgements and render treatment based on those judgements. The correctness of diagnoses and treatment are civil matters and are not addressed by regulations. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

Allegation #4: The hospital failed to notify a minor's parents of the patient's admission to the ED.

Findings: All of the sampled ED records of minor patients documented they were accompanied by a parent, except for a 16 year old male brought to the ED on 7/26/07 at 3:38 PM, following a motor vehicle accident. He was treated and discharged to home at 6:15 PM. Someone other than the patient signed the consent to treat. The relationship of this person was not documented. The Patient Advocate and the nurse Director of the ED were interviewed on 10/2/07 at 10:45 AM.

They stated they had conducted an investigation of this event. They stated the patient had been given a telephone in the ED and had spoken to his mother but she had chosen not to come to the ED. They said the minor was accompanied by and left with a female adult who they thought was a relative. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 31, 2007

Joseph Messmer, Administrator
Mercy Medical Center
1512 Twelfth Avenue Road
Nampa, Idaho 83686

Provider #130013

Dear Mr. Messmer:

On **October 3, 2007**, a Complaint Investigation was conducted at Mercy Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003204

Allegation: A patient in the Obstetrics Department had an excessive blood loss during labor. The nurse did not notify a physician of the bleeding in a timely manner.

Findings: An unannounced visit was made to the hospital on 10/01/07. Ten clinical records were reviewed of obstetrics patients and their babies who had difficulties during labor or after delivery. Additionally, staff who worked in the obstetrics department were interviewed.

One patient's record documented that she was admitted to the hospital for the induction of labor on 7/6/06. An RN documented, on 7/7/06 at 1 AM, that the patient "reports that she is bleeding - bloody show evident on pads. Will continue to monitor." The RN further documented, at 3 AM, that the patient continued to have "bloody show" and that she confirmed that the amount of bleeding was within normal limits with two other RN's that were on duty. Additional documentation at 6 AM stated the patient continued to have "bloody show." The record documented the infant was delivered with the assistance of a vacuum on 7/7/06 at 8:05 AM. The physician's delivery note, dated 7/7/06, documented the umbilical cord spontaneously broke from the placenta after the infant was delivered.

The physician's note documented the cord was not attached to a normal location on the placenta. The note further documented that the estimated blood loss was 400 ml.

On 10/2/07 at 10:04 AM, the charge nurse for obstetrics reviewed the medical record. She stated it was normal for nurses in the obstetrics department to consult with one another. She stated that a 400 ml blood loss during labor and delivery was within normal limits. At 10:15 AM, a MSN (Masters of Science in Nursing) who had 30 years experience in obstetrics stated it was normal for a woman in labor to have "bloody show and that a 400 ml blood loss was within normal limits. Additionally she stated it was normal not to notify a physician when a woman in labor had "bloody show".

Laboratory results following delivery showed the patient was mildly anemic. She did not require a transfusion. No significant complications for the mother or baby were documented. They were discharged to home on 7/8/06.

All patient records reviewed contained documentation that staff acted appropriately when a patient had difficulties during labor or delivery.

The complaint was unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the complaints were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

GARY GUILES
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw